

PATENT APPLICATION DECLARATION
COMBINED WITH POWER OF ATTORNEY

Attorney's Docket No.: CE08950R



Regular (Utility)



Design Application

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MULTI CHANNEL STOP AND WAIT ARQ COMMUNICATION METHOD AND
APPARATUS

the specification of which:



is attached hereto



was filed on: _____

as U.S. Serial No.: _____

and was amended on _____

(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with 37 CFR § 1.56(a).

I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United states of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s):



no such application(s) filed



such application(s) identified as
follows:

Application Number	Country	Date of Filing (day, month, year)	Priority Claimed	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

[illegible]

Provisional Application Filing Date: December 29, 1999



U.S. Parent Application No. or PCT Parent No.	Filing Date (day, month, year)	Status (Patented, Pending, Abandoned)

CUSTOMER NUMBER 22917

Fax (847) 576-3750

Variable	Mean	SD	Min	Max
Age	34.5	10.2	21	55
Gender	Male	Female		
Marital status	Married	Single		
Education	High school	College		
Occupation	Manager	Worker		
Income	\$10,000	\$20,000		
Health status	Good	Fair		
Exercise frequency	Weekly	Monthly		
Stress level	Low	High		
Sleep quality	Good	Poor		
Dietary habits	Healthy	Unhealthy		
Alcohol consumption	None	Occasional		
Tobacco use	Non-user	User		
Family size	2	3		
Work hours	40	50		
Commuting time	30	45		
Living space	Small	Large		
Neighborhood safety	Safe	Unsafe		
Access to green spaces	Yes	No		
Proximity to public transport	Close	Far		
Cost of housing	Low	High		
Quality of housing	Good	Poor		
Availability of services	High	Low		
Community engagement	Active	Passive		
Perceived social support	High	Low		
Life satisfaction	High	Low		
Overall well-being	Good	Fair		

Full name of first-named or sole inventor AMITAVA GHOSH

Inventor's signature _____ Date _____

Residence	Vernon Hills	IL
-----------	--------------	----

City	State or Foreign Country
------	--------------------------

Citizenship	India
-------------	-------

CountryPost Office Address 289 Hunter CourtStreet Address

Vernon Hills

IL60061CityState or Country

Zip Code

Full name of second-named joint inventor BRIAN K. CLASSON

Inventor's signature _____ Date _____

Residence	Palatine	IL
-----------	----------	----

City	State or Foreign Country
------	--------------------------

Citizenship USACountryPost Office Address 756 W. Bloomfield CourtStreet AddressPalatineL60067CityState or CountryZip Code

McHenry	IL	60050
City	State or Country	Zip Code